

EMPLOYEE CHANGE FORM

Employee Name: _____ S.S. # _____

Check all that apply:

- ☐ Marriage
- ☐ Name Change

New Name (Effective when new S.S. card is obtained.)

- ☐ Divorce/Legal Separation
- ☐ Address Change
- ☐ Birth of Child/Adoption of Child

(Name, gender, date of birth/adoption)

- ☐ Ineligible Dependent

(Name, birth date)

Date of Event: _____

New Address: _____

City

Zip Code

County

Phone Number: _____

Employee

Signature: _____

Date: _____

Original to Human Resources

cc: Payroll